

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

SCARAFONI REALTY
P O BOX 307, 103 MAIN ST.
NORTH ADAMS, MA 01247
(413) 664-4539 V / TTY
(413) 664-4735 FAX

Date Received: _____
Time: _____
of BRs: 1 2 3 _____

APPLICATION FOR SECTION 8 NSA SCATTERED SITES

One Bedroom

____35 Linden Street

____1 McLaughlin Place

_____23 Kent Ave.

_____161 Bradford Street

____135 Second Street

____85 Linden Street

_____28 First Street

Two Bedroom

_____23 Kent Ave.

_____3 Rostone Place

Three Bedroom

____39 Linden Street

- | | | | |
|----|---------------|-------|-------------------------------|
| 1) | Name | _____ | Mailing Address, If Different |
| | Street | _____ | _____ |
| | City | _____ | _____ |
| | State | _____ | _____ |
| | ZIP | _____ | _____ |
| | Tel.# | _____ | Bus. Tel. # _____ |
| | S.S.# | _____ | |
| | Date of Birth | _____ | |

If you are collecting benefits under another social security number, please list the claim number here:

- 2) Racial and Ethnic Designation (Optional)
- Race: White _____ American Indian/Alaska Native _____ Asian _____
- Black _____ Native Hawaiian or Other Pacific Islander _____
- Ethnicity: Hispanic _____ Non-Hispanic _____

- 3) Members of Household: Please list everyone to live in household.

Name	S S#	Relation	Sex	Date of Birth

Is a change in household expected? ☐ Yes ☐ No

If yes, what type of change: _____

- 4) Income: Please list all money to be earned or received in the next twelve months by each household member who is 18 years of age or older; including full time students, such as salaries, wages, social security/SSI, pension, AFDC, public assistance, unemployment, disability benefits, child support, or alimony.

Name of Person Receiving Income	Type of Income	Name/Address of Employer if Applicable	Gross Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 5) All assets of any member must be reported. Please check any applicable to your household: IF YOU HAVE NO ASSETS, COMPLETE PAGE 4.

_____ Savings _____ Checking _____ CD's _____ Stocks
_____ Bonds _____ Real Estate _____ Other

Provide name of banks or any applicable companies and approximate value/amount of asset.

_____ \$ _____
_____ \$ _____
_____ \$ _____

Have you sold any property or disposed of any assets for less than fair market value in the last two years? ☐ Yes ☐ No

Type of Asset	Date of Disposal	Fair Market Value	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____

- 6) Current Landlord _____
Address _____
Phone Number _____
Current Monthly Rent \$ _____

List the utilities you pay for and the approximate cost per month.

Previous Landlord

Address

Phone Number

Previous Landlord

Address

Phone Number

- 7) Expenses: Do you pay for child care for any children under the age of 13, a care attendant, or any equipment for a handicapped household member, which enables you or another family member to work or go to school? ☐ Yes ☐ No

If yes, please fill in the type of expense and the amount you expect to spend on this care in the next twelve months:

Do you pay for any medical expenses that are not covered by insurance? This includes insurance premiums. ☐ Yes ☐ No

If yes, please list amount:

- 8) Have you or any member of your household ever received Section 8 assistance? ☐ Yes ☐ No

If yes, name of head of household at that time:

Relation to represent applicant:

Name of Housing Authority or Agency:

Address of subsidized Unit:

City, State:

Date Moved Out:

Reason for Moving:

Did you leave as a tenant in good standing: ☐ Yes ☐ No

If no, please explain:

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify Scarafoni Realty in writing of any change of address, income, or family composition' By signing this application I am giving permission for Scarafoni Realty Staff to verify any information in this application, perform a credit and criminal check. Additional information will be provided if requested. I certify that the information I have given in this application is true and correct' I understand that any false statements or misrepresentation may result in the cancellation of this application. I understand that if I am contacted regarding these programs and I do not respond, my name will be removed from the waiting list. All persons over the age of eighteen (18) years old are required to sign application.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE
(Any person 18 yrs. or older)

DATE

PERSON TO NOTIFY IN CASE OF AN EMERGENCY:

NAME

RELATION

PHONE NO.

ADDRESS

NO ASSET CERTIFICATION

This will certify that I have no assets of any kind. If I do acquire any assets such as savings, checking, stocks, bonds, real estate, or any other assets I will notify Scarafoni Realty immediately.

APPLICANT'S SIGNATURE

DATE

If you do have an account, please give the following information:

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT NO: _____

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

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